

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

NOTE: Read instructions before completing this form.

Parameter (32-37)		3 Card Only)	QUANTITY OR LOADING		4 Card Only) QUALITY OR CONCENTRATION				No. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
	SAMPLE													
	PERMIT REQUIREMENT													
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NAME/TITLE PRINCIPLE EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. §1319 Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years. )						TELEPHONE		DATE				
TYPED OR PRINTED										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLINATIN OF ANY VIOLATIONS (Reference all attachments here)